Form Approved OMB No. 0960-0565

EMPLOYER REPORT OF SPECIAL WAGE PAYMENTS

| PART INT | TO BE COMPLETED | BY SSA/E | MPLOYER: | |
|--|---|---------------------------------|-------------------------------------|---|
| Tax Year Employee Name | | Employee s | SSN | SSA Claim Number (To be completed by SSAJ |
| Employer | Address | | | |
| | | | | |
| PART 2 | 2—TO BE COMPLETI | ED BY EM | PLOYER: | |
| Employees are sometime paid wages common types of payments are accu deferred compensation; severance paprior agreement or contract. | mulated (for prior yea | rs) vacatio | n pay or sick p | ay paid after retirement; |
| Wages which are earned in a year price Social Security annual earnings test. If these prior year amounts must be rebenefits. To ensure that correct Social return this form to the Social Security A | However, for the Social eported to us. The ab I Security benefits are | I Security <i>i</i> ove name | Administration t d individual ha | o pay benefits accurately, s filed for Social Security |
| Employer Identification Number 2. Retire (KIN) | ement date (MM/DD/YY) | 3. Date em | ployee last perfo | med services (MM/DD/YY) |
| If the dates in items 2 and 3 are not the | same, please explain the | difference. | | |
| 4. For wages paid to the employee in the "t was for services performed prior to the during the tax year; or was paid on according to the tax year. | tax year; or was not attril | | | - \$ |
| Check the type(s) of wages paid in the t retirement. | ax year but for services p | performed in | a prior year or w | ere paid on account of |
| Vacation Pay | Sick Pay | | Sever | ance Pay |
| Bonus Other (ExplainJ | Deferred Compe | nsation | | |
| 5. Will payments listed in item "4" be made | e for years after the tax y | ear? | | Yes No |
| If answered Yes, please show the amou | unts and years in which t | hese amour | nts will be paid, if | known. |
| Nonqualified deferred compensation and occurred during the tax year, enter the a the tax year. | | | | \$ |
| Signature ~ | | | | |
| Title | Date | | Phone Number | |

EMPLOYER INSTRUCTIONS FOR COMPLETING SPECIAL WAGE PAYMENT FORM

- 1. Provide the EIN that was used or will be used to report the employee's wages on the Form W-2.
- 2. Enter the date the employee retired. Enter "Not Retired" if the employee has not retired.
- 3. Enter the date that the employee last performed services; was not expected to return to work; and was not subject to recall to render additional services. This date should be the same as or earlier than the date in item "2." Enter "Not Retired" if the employee has not retired.
- 4. Enter the wages paid to the employee in the tax year that were for services performed in years *prior* to the tax year or that were paid on account of retirement.
- 5. Check whether payments listed in item 4 will be made for years after the tax year. If yes, please show the amounts and years in which these will be paid, if known.
- 6. Nonqualified deferred compensation and section 457 plans only. If you were unable to report nonqualified deferred compensation or section 457 plan payments and deferrals (contributions) on Form W-2 because both payments and deferrals ocurred during the year, show the amount of wages earned by the employee during the tax year. Generally, the wages earned will be the compensation reported in block 1 of Form W-2 less payments from a nonqualified deferred compensation (or 457) plan, but including any amounts deferred under the plan during the tax year (See Publication 957).

Examples (not all inclusive) of payments to be included:

- Payments in lieu of vacation that were earned in a year prior to the tax year.
- Accumulated sick payments which were paid in a lump sum based on "retirement" as the sole condition of payment.
- Accumulated sick payments paid at or after the date in item 3, which were earned in a year prior to the tax year.
- Payments "on account of retirement"—dismissal, severance, or termination pay paid because of retirement.
- Bonuses which are paid pursuant to a prior contract, agreement, or promise causing the employee to expect such
 payments regularly; or announced to induce the employee to work more steadily, rapidly, or efficiently or to remain with
 the employer.
- · Stock Options.

Do not include in item "4" payments:

- For annual, sick, holiday, or vacation pay if used (absence from work) prior to the date of retirement (earlier of items "2" or "3").
- That were reported or will be reported under "Nonqualified Plans" on the Form W-2.
- That were deducted from the employee's wages and paid to a deferred compensation plan (e.g., 401k).
- Employees health and dental plan benefits (non-covered/non-taxable for Social Security Wages).
- Bonuses earned and paid in the tax year.

Paperwork/Privacy Act Notice: This report is authorized by law 20 CFR 404.702. The information that you provide will be used in making a determination regarding tha amount of Social Security benefits payable to the above named individual. While your response is voluntary, if you do not respond we may not be able to make a correct determination regarding the amount of Social Security benefits payable to the above named individual for the year in question.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal Government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number.

TIME IT TAKES TO COMPLETE THIS FORM

We estimate that it will take you about 20 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions on this estimate, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235-0001. Send only comments relating to our "time it takes" estimate to the office listed above. All requests for Social Security cards and other claims-related information should be sent to your local Social Security office, whose address is listed under Social Security Administration in the U.S. Government section of your telephone directory.